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CONFIRMATION NO. 1726

|  |   |                               |   |                            |                                |
|--|---|-------------------------------|---|----------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/844,613   | <b>FILING OR 371(c) DATE</b><br>04/27/2001<br><b>RULE</b>   | <b>CLASS</b><br>223           | <b>GROUP ART UNIT</b><br>3765   | <b>ATTORNEY DOCKET NO.</b> |                                |
| <b>APPLICANTS</b><br>Kevin Cattenhead, Fontana, CA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 06/22/2001</b>   |   |                               |   |                            |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>7   | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>KEVIN CATTENHEAD<br>PO BOX 78683<br>LOS ANGELES, CA90018   |   |                               |   |                            |                                |
| <b>TITLE</b><br>LATEX GLOVE REMOVAL AND DISPOSAL DEVICE  |   |                               |   |                            |                                |
| <b>FILING FEE RECEIVED</b><br>655  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |                                |